#### CITY OF SALINA **Human Resources Department** 300 W. Ash, Room 200 Post Office Box 736 Salina, Kansas 67402-0736

Phone 785-309-5710 FAX 785-309-5711 TDD 785-309-5747

# Application For Employment www.salina-ks.gov

Office use Only No.



We consider applicants for all jobs without regard to race, color, religion, sex, national origin, age, the presence of a non-job-related medical condition or disability, or any other legally protected status. We will not refuse to hire a disabled applicant who is qualified to perform the essential functions of the job with reasonable accommodation. Applicants for certain specified positions must meet minimum response time requirements. Additional information is available from the Human Resources Department. The City of Salina conducts pre-employment drug testing.

Job Applied For	(Ple	ase type or print	in ink only)	•	Date	e of App	plication
Last Name		First Name				Middl	e Initial
Mailing Address			City	State		Z	Zip Code
Telephone Numbers	(Home)	(Work)	S	ocial Securit	y Numbe	er	
	ally complete this apponal qualification in		, .	nclude a	resum	e or (	other
Have you ever been	employed with us bef	ore?			Yes		No
If yes, give date	What	Department?		_			
Are you age 18 or o	over?				Yes		No
May we contact you		Yes		No			
	ible to work in the Unit immigration status will be req				Yes		No
On what date would	l you be available for v	work?					
If the job requires a	valid driver's license, p	olease complete the	information dire	ectly below	w:		
List any relatives pr	resently employed by th	ne City of Salina, a	nd state how you	are relat	ed.		
Are you willing to w	vork overtime if require	ed?			Yes		No
Are you willing to w	ork different shifts if re	equired?			Yes		No
Were you in the U.S	S. Armed Forces?				Yes		No
military courts withi (A conviction will r	ricted of a felony in civing the last 7 years?  not necessarily be a batime of offense and rehal	r to employment.			Yes ure an	d nur	No nber
If yes, please explain	n	D E/E	1 0	E1			_

## **Employment Experience**

Start with your present or last job including any military service assignments and complete the below information fully. Give dates and reasons, excluding disabilities, for time not accounted for in your employment history as listed. If you need additional space, please continue on a separate sheet of paper.

	_	
Employer	Start date	Your Job Title and Major Duties
Address	End date	
<u>City</u> State	Starting Salary	
Telephone Number Your Supervisor  Reason For Leaving	Ending Salary	
Employer	Start date	Your Job Title and Major Duties
Address	End date	
City State	Starting Salary	
Telephone Number Your Supervisor  Reason For Leaving	Ending Salary	
Employer	Start date	Your Job Title and Major Duties
Address	End date	
City State	Starting Salary	
Telephone Number Your Supervisor  Reason For Leaving	Ending Salary	
Employer	Start date	Your Job Title and Major Duties
Address	End date	
City State	Starting Salary	
Telephone Number Your Supervisor		
Reason For Leaving	Ending Salary	
Special Skills and Qualifications: Summarize special job-related skills and qualifications	s acquired from employ	ment, military or other experience.

### Education

	Н	ligh Scho	ool or G	ED	С	Undergi College/U	raduate Iniversitv			Grad Profes	uate/ sional	
School Name and Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra-curricular activities												
Describe any honors you have received												

List any professional, t You may exclude men lisability or political affi	berships which would	d reveal sex, rac	al origin, age, and	estry

List three references who are neither related to you nor a former employer.						
Name	Address (city, state, zip)	Telephone Number	Years Known			

## Applicant's Statement

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize complete background investigation, including but not limited to all statements contained in this application for employment as may be necessary in arriving at an employment decision. If I am employed by the City based on this application, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant	Date

## **Equal Employment Opportunity Form**

The City of Salina has an equal opportunity/affirmative action policy. Knowledge of your race, sex and age is necessary for monitoring the effectiveness of the program. Although you are not required to provide the information requested on this form, your cooperation is appreciated. This form is confidential and will be separated from your application immediately upon receipt.

Name		Social Security #-	Date:
Position ap	oplied for:		
Date of Bir	rth:		
INSTRU(	CTIONS: Pla	ce your numbered answe	r to each question in the space provided.
A.	What sex are you?	1. Male	2. Female
D.	<ol> <li>AMERICAN INDI         of North America who a         who are recognized as I     </li> <li>ASIAN OR PACIFI         Asia, the Indian subcont         Samoa.</li> <li>BLACK: All persons</li> <li>HISPANIC: All persons</li> </ol>	The enrolled members of Indian Tribes of Indians by the Secretary of Interior.  C ISLANDERS: All persons having inent or the Pacific Islands. This area in the having origins in any of the Black racial ons of Mexican, Puerto Rican, Cuban, Cu	All persons having origins in any of the original peoples or are descendants of enrolled members (a parent or grandparent) or any origins in any of the original peoples of the Far East, Southeast includes for example, China, Japan, Korea, the Philippines and all groups of Africa.
C.	<ol> <li>From a Present</li> <li>As a Current C</li> <li>Salina Journal</li> </ol>	sted in Human Resources Dep City Employee ity Employee per	, <u> </u>